Family Reunification Following Adolescent Sexual Abuse: A Step-by-Step Guide
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This guide describes steps for reuniting families in which an adolescent has sexually abused an immediate family member (often a younger sibling), or other family member living in the home, and subsequently has been placed outside of the home. The goal of reunification is to safely return the adolescent home and to full participation in family life following or during treatment.

Note: Pre-adolescent and younger children who display problematic sexual behavior may require a different approach to reunification due to their developmental needs and capacities. The same may be true for adolescents who experience cognitive impairments or limitations in intellectual functioning.

Note: In considering the process of family reunification, it is critical to consider and remain sensitive to the cultural background, needs, and practices relevant to each family.

Therapeutic services for family members

The offending adolescent and the victimized family member(s) receive therapy from treatment providers trained in the dynamics of sexual abuse perpetration and/or sexual victimization, each most typically working with their own treatment provider. Caregivers receive psychoeducation and, when indicated, participate in therapy to maintain their mental wellness and participate in the therapy of the victimized family member and the offending adolescent.

Therapeutic goals for family members

Therapeutic goals will be different for each family member based on their role in the family and the process of reunification. The following goals for different family members serve as general guidelines, with the understanding that specific goals will be responsive to the individual needs of each family member.

The offending adolescent will:

i. Gain insight into how engaging in treatment can help them lead a positive, prosocial life (recognizing the intellectual capacities of each individual).
ii. Understand the antecedents of and risk factors that contributed to their abusive behavior.
iii. Understand the protective factors that can reduce the risk of future abusive behaviors.
iv. Take responsibility for their actions.
v. Recognize the emotional experiences of, and the impact of the abuse on, the victimized family member(s).

vi. Create a safety plan that incorporates protective factors and mitigates risk factors in order to reduce the likelihood of future sexual acting out.
vii. Engage in restorative justice work, in which one aim is to make amends for the harm caused to the victimized family member(s) and others.

The victimized family member(s) will:

i. Feel safe and protected in the home.
ii. Practice self-care and resiliency skills.
iii. Understand they can inform their caregiver of any discomfort caused by the offending adolescent or other family member(s).
iv. Process and understand the impact and effects of the abuse.
v. Receive individualized treatment and care based on their specific needs.

The caregiver(s) will:

i. Engage in self-care and seek support as needed.
ii. Receive psychoeducation and training in supervision, safety, and chaperoning.
iii. Understand and support the safety plan, which is designed to reduce the possibility of further sexual abuse and maintain safety for all parties.
iv. Help the victimized family member(s) feel safe and protected in the home.
v. Remain attuned to the needs, behaviors, and safety of the victimized family member(s) throughout the reunification process.
vi. If appropriate, participate in the treatment of the offending adolescent and/or the victimized family member(s).

Steps for Adolescent Reunification into the Family

1. **Decisions about initial communication and contact**: After both the offending adolescent and the victimized family member(s) make progress toward their therapeutic goals, the victimized family member(s) and their caregiver meet with a therapist to decide upon the format with which they initially would be comfortable for preliminary contact. For example, would the family member(s) want to ask questions of the offending adolescent to be answered via letter writing or video recording, have contact by phone or in person to ask questions of the offending adolescent, or meet with the offending adolescent and talk without specific questions being asked? The victimized family member(s) should have control over this decision. However, depending on circumstances specific to each case, caregivers may also have significant input into such decisions, such as how to proceed in the event that the victimized family member is unwilling, unable, or not ready to engage in therapeutic repair.

Note: Prior to the first contact, the court, child protective services worker, probation/parole officer, and/or other multidisciplinary team members (including therapists for everyone involved in the reunification) must approve the meeting, as well as further contact.

2. **Caregiver preparation**: Prior to direct contact, caregivers are provided with psychoeducational training, and their skills and needs are assessed with respect to caregiving and/or parenting.
3. **Decisions about face-to-face sessions**: If the victimized family member(s), along with their support team, decide a face-to-face therapeutic session is preferred, they will discuss and make decisions about the location of the meeting, who will attend the meeting, seating arrangements, what topics will be discussed, and what to do if they become uncomfortable.

Note: Depending on the age or intellectual capacity of the victimized family member(s), these decisions may instead be made by a parent or other caregiver. In either case, the victimized family member(s) or caregiver may not want certain family members to participate in these sessions or learn about the abusive behaviors due to their age or because they do not regularly reside in the home, or for other valid reasons.

4. **Face-to-face sessions**: Once the format and details of contact have been decided, the designated therapist(s) hold a family session with the victimized family member(s), their caregiver/support team, the offending adolescent, and other relevant family members. An outline of the safety plan and next steps is developed, including how the victimized family member(s) and caregivers wish to proceed and the content of future family sessions.
5. **Contact outside sessions**: If sessions go well, the victimized family member(s) and their therapist(s) decide upon the level and type of contact with the offending adolescent moving forward, beginning with contact such as lunch or dinner, or some other form of structured activity.
6. **Conduct ongoing assessment of the victimized family member's response**: The victimized family member(s), therapist(s), and supervising parties continue to assess the response of the victimized family member(s) to each contact and/or increased contact with the offending adolescent, and the nature of the contact.
7. **Conduct ongoing assessment of the offending adolescent's response**: The offending adolescent's therapist continues to assess the adolescent's response to each contact and/or increased contact with the victimized family member(s), and the nature of the contact.
8. **Conduct ongoing assessment of the family's needs**: Therapists, caregivers, and other supervising parties ensure that the needs of other family members in the home, including caregivers and siblings, are recognized and responded to when relevant.
9. **Increasing family contact**: Once a series of successful contacts is made, increasing contact is allowed, including full-day and overnight visits.

Note: Initial home visits may be supervised by a caseworker, therapist, or other service provider.

10. **Movement toward reunification**: Home visits typically follow successful day activities/visits. After successful day and overnight home visits, weekend visits are allowed, followed by eventual return home for full family reunification.
11. **Follow-up sessions**: The family is seen therapeutically throughout this process, including after reunification. Follow-up sessions and family needs are determined by the multidisciplinary team, which includes the family members.